

Name
in
Full

CERTIFICATE OF DEATH

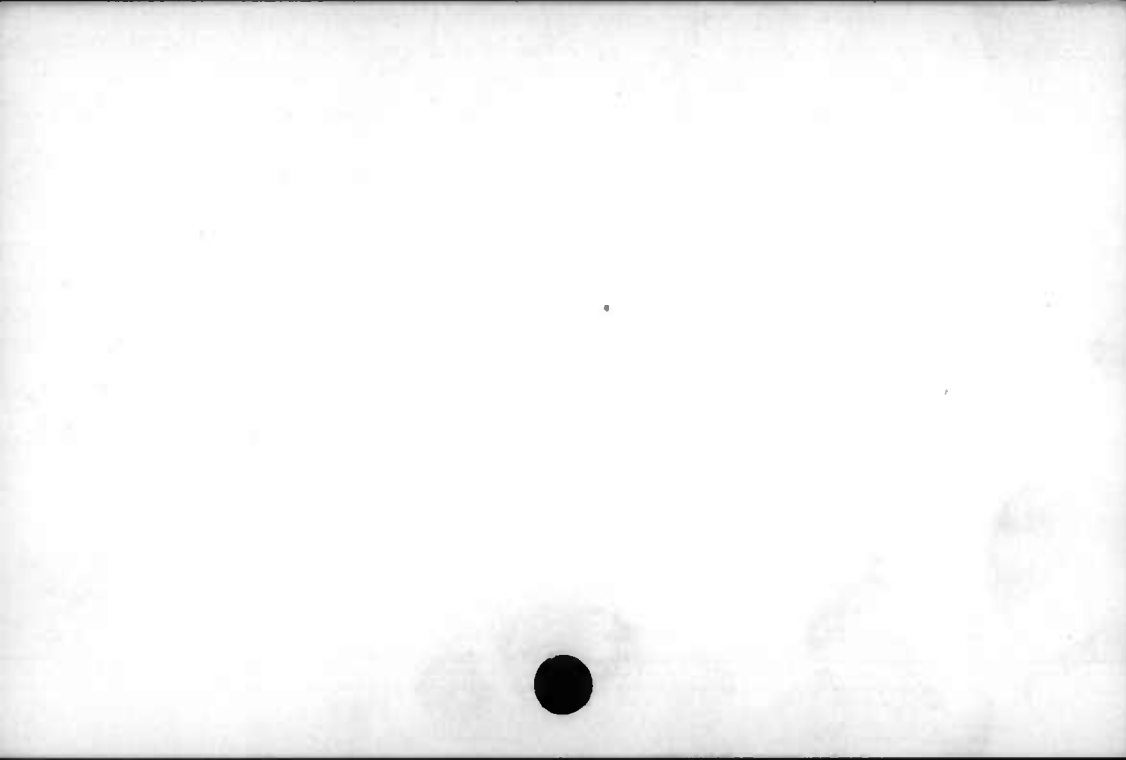
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

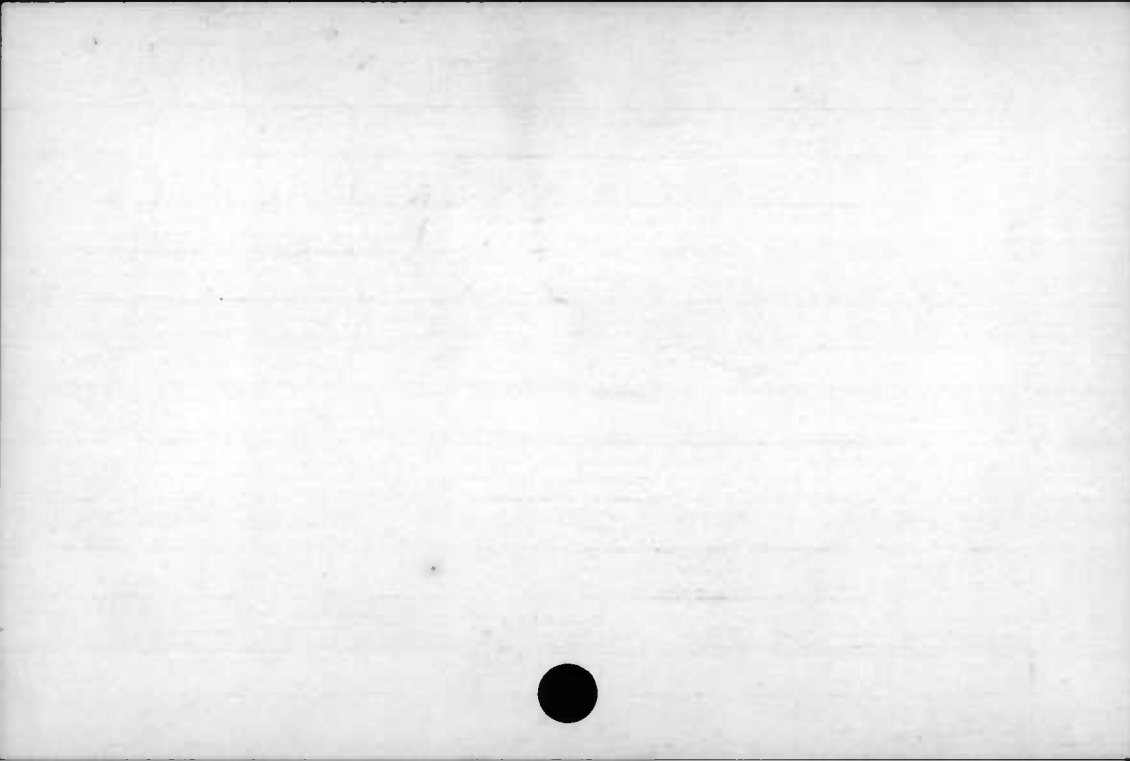
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND			
Date of death 190	<i>3</i> ^{Month}	<i>Nov</i> ^{Day}	<i>27</i> ^{Age}	<i>78</i> ^{Years}	<i>7</i> ^{Months}	<i>8</i> ^{Days}	
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth- place	<i>Ind</i>
Married, Single or Widowed	<i>Married</i>			Occupation	<i>Sailor</i>		
Name of Wife or Husband	<i>Sarah C Boileau</i>						
Father's Name	<i>David Boileau</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Sophia Lohm</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving In formation	<i>Sarah C Boileau</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral hemorrhage</i>	How long	<i>Half hour</i>
Immediate	<i>Paralysis</i>	How long	<i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E L Buckley</i>
		Address	<i>Middletown</i>
			<i>Ind</i>
Accident or Suicide?			



Name
in
Full

Lizzie Butler.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty District</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>22</i>	Age	Years <i>8</i>	Months <i>2</i>
Sex		Color or Race <i>Black</i>		Birth-place <i>Lib Dist</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wifa or Husband <i>Maggie Butler</i>					
Father's Name			Father's Birthplace <i>93</i>		
Mother's Maiden Name <i>Maggie Butler</i>			Mother's Birthplace <i>Lib Dist</i>		
Name of person giving information <i>Charles Butler</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Thomas Smith</i>
	Address <i>Liberty Town Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Andrew Jackson Carpenter 30,

Town

County

Died at

Janesville Frederick

MARYLAND

Date

1903. 11th 7th

Age

63-9-14

Native of

U. S.

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

3

Husband

of

~~Wife~~

Father's

Name

John Carpenter

Mother's

Name

Edna

Cause of

Primary

Valvular disease of the heart

Death

Immediate

Syncope

How long sick

7 months

~~Accident, Suicide, Homicide~~

Reported by

George W. Ryjio M.D.

Address

Janesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190		Month <i>3</i>		Day <i>11</i>		Age <i>83</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Med.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i></i>					
Name of Wife Husband <i>William B. Coole</i>							
Father's Name <i>George Rice</i>		Father's Birthplace <i>79</i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>					
Name of person giving Information <i></i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease Dropsy</i>		How long <i>Several years</i>	
Immediate <i>Asthma</i>		How long <i>Six weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. V. Haffner, M.D.</i>	
		Address <i>Frederick Med.</i>	
Accident or Suicide? <i></i>			



Name
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Mary Ann Elizabeth Copeland

CERTIFICATE OF DEATH

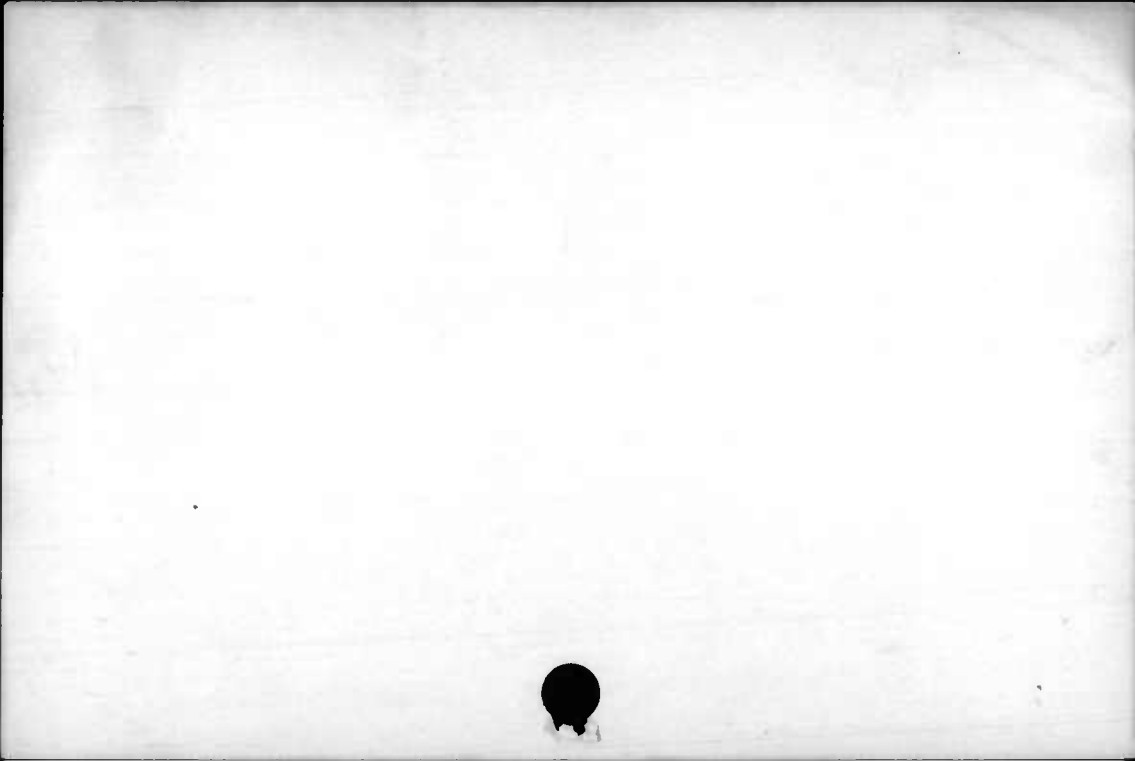
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stouls</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month 11	Day 5	Age 85	Years 5
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Frederick Co</i>		
Married, Single or Widowed			Occupation <i>X</i>		
Name of Wife or Husband <i>Rev. Mr. Copeland</i>					
Father's Name <i>X</i>			Father's Birthplace <i>1.</i>		
Mother's Maiden Name <i>154</i>			Mother's Birthplace		
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Paralysis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. D. Canby</i>
	Address <i>Adams Avenue</i>
Accident or Suicide?	<i>live</i>



Name
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CERTIFICATE OF DEATH

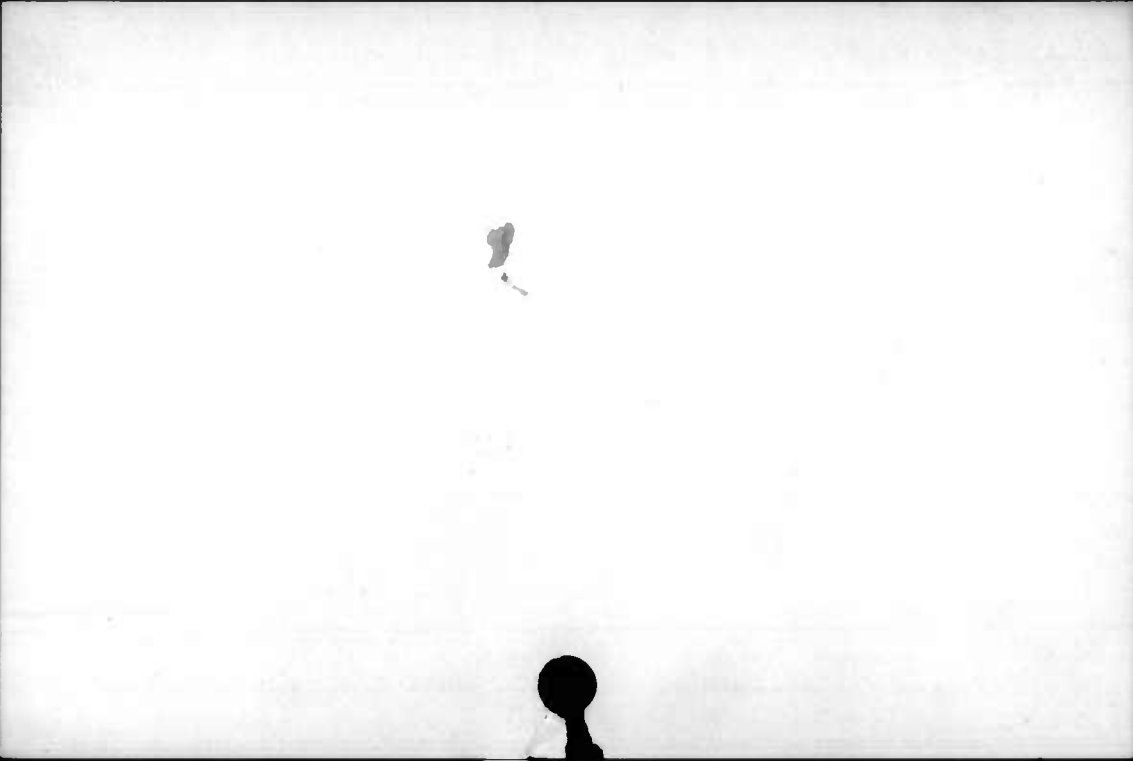
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> -	Month <i>11</i>	Day <i>17</i>	Age Years <i>75</i>	Months <i>1</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mbana Md</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Wife</i>			
Name of Wife or Husband <i>Walter Crummett</i>					
Father's Name <i>John Davis</i>				Father's Birthplace <i>Mbana</i>	
Mother's Maiden Name <i>Anna Maria Davis</i>				Mother's Birthplace <i>Mbana</i>	
Name of person giving information <i>Albert Crummett</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric carcinoma</i>	How long <i>7 yrs</i>
Immediate <i>Aethenia</i>	How long <i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H P Fahrney Md</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Theodore Cullen

Died at ^{Town} Emmitsburg

^{County} Frederick

MARYLAND

Date of death 1903, NOV-3

Month Day 17th

Age Years 18

Months

Days

Sex Male

Color or Race White

Birth-place Indiana

Married, Single or Widowed Single

Occupation Student

Name of Wife or Husband

Father's Name

106.

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Rev. Am. O'Hara

How related to deceased None

CAUSES OF DEATH

Primary Acute Inflammation of the Bowels

How long Three days.

Immediate Mortification

How long 12 Hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John B. Braunn, M.D.

Address Emmitsburg, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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Victor Du Loup

CERTIFICATE OF DEATH

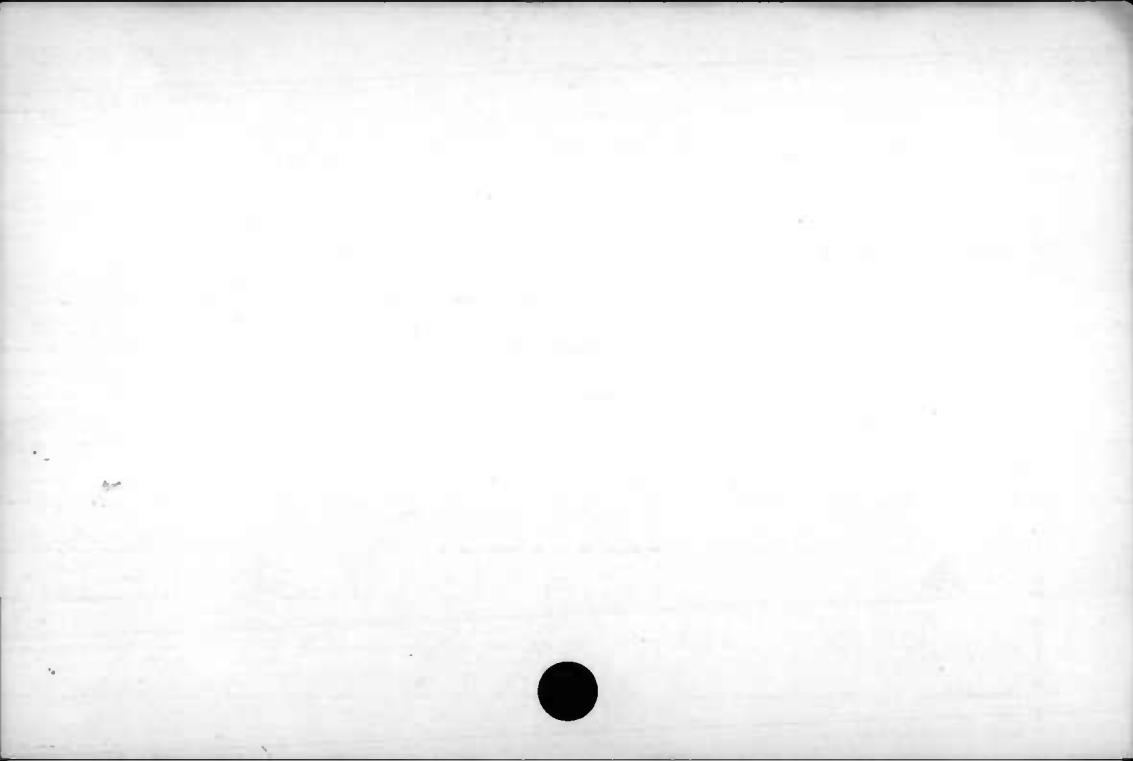
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montreal</i>		Town <i>Montreal</i>		County <i>Bromfield</i>		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>11</i>	Age <i>81</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Paris France</i>				
Married, <i>Single</i> or <i>Widowed</i>	<i>Married</i>		Occupation				
Name of Wife or Husband		<i>+</i>					
Father's Name		<i>+</i>		Father's Birthplace		<i>Paris</i>	
Mother's Maiden Name		<i>+</i>		Mother's Birthplace		<i>Germany</i>	
Name of person giving information		<i>Miss Shooker Neeson</i>		How related to deceased		<i>+</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture of Cervical Spine</i>		How long	<i>10 days</i>
Immediate	<i>Paralysis</i>		How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>S. S. Maynard</i>		
Address		<i>17 Second St - N</i>		
Accident		<i>no</i>		



Name
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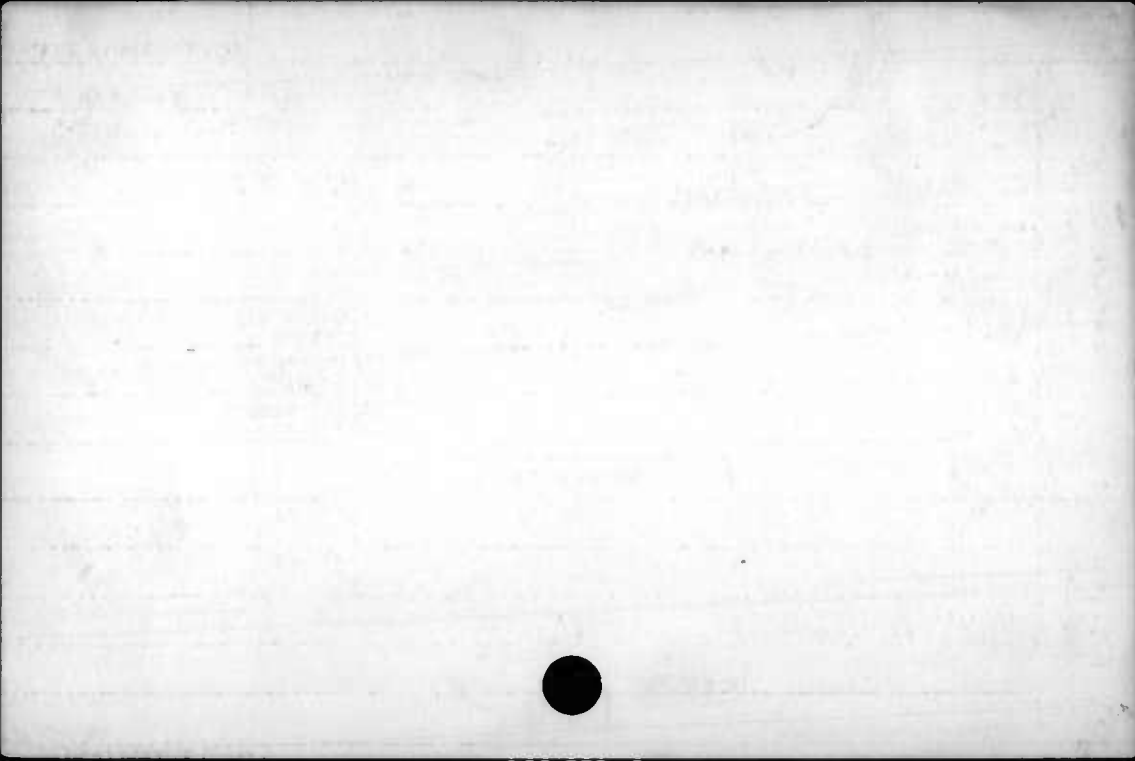
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Virginia Elgin</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Brunswick</i>		Month <i>Nov</i>		Day <i>29</i>		Age <i>17</i>	
Date of death 190 <i>3</i>		Month <i>Nov</i>		Day <i>29</i>		Age <i>17</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months <i>4</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>Henry Clay Elgin</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Rudine Boteler</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Canoll Elgin</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>Six Months</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. G. Horine</i>	
<i>Yes</i>		Address <i>Brunswick</i>	
Accident or Suicide? <i>no</i>		<i>Ind</i>	



Name in Full

Certificate of Death

Maudie E. Lewis

Town

County

Died at

MARYLAND

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

1893

Nov. 1

Age

4. 6

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Mother's

Name

Robert E. Lewis

Dorothy Lewis

Cause of

Primary

Heavy cold

How long sick

2 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

D. Wharette Undertaker

Address

Wicksboro.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 85368



Name
in
Full

Annie E. Favorik

CERTIFICATE OF DEATH

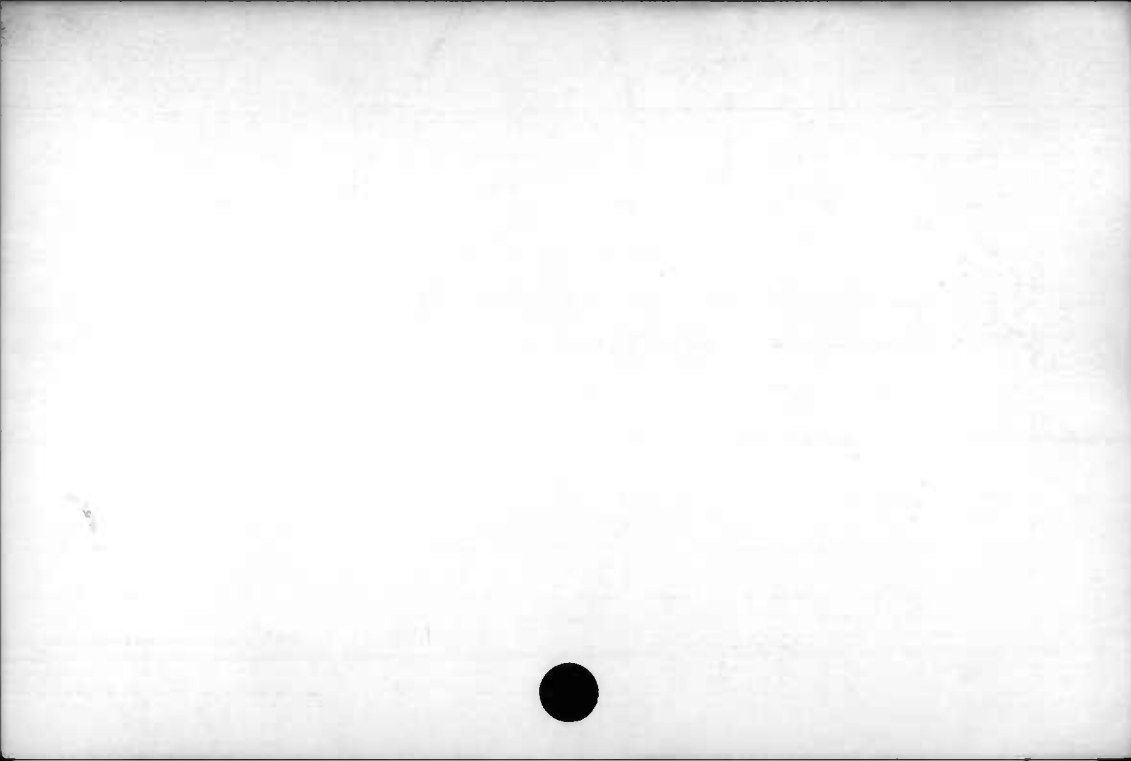
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Sabillasville</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>21</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband <i>Isaac Favorik</i>			<i>PA</i>				
Father's Name <i>Michael Gonder</i>			Father's Birthplace				
Mother's Maiden Name <i>Barbara Gonder</i>			Mother's Birthplace				
Name of person giving information <i>Grant Harbaugh</i>			How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Because of Heart & dropsy</i>	How long <i>Two years or over</i>
Immediate <i>Dropsy</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Anne Favorik</i>	Signature of Physician <i>Dr. Frank L. S.</i>
	Address <i>Waynesboro</i>
Accident or Suicide?	<i>PA</i>



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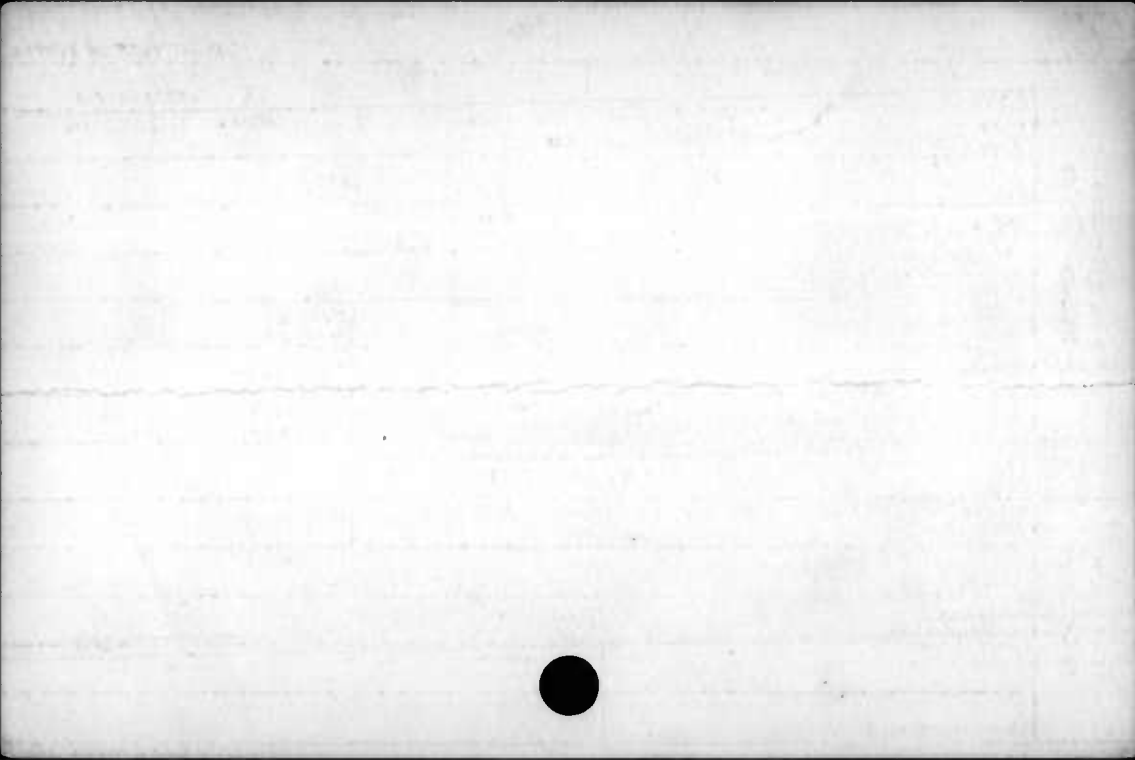
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>18</i>	Age <i>29</i>	Years	Months <i>5</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>W. Va</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>house wife</i>					
Name of Wife or Husband <i>Charles B. Gosnell</i>							
Father's Name <i>Arthur Clay</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Susan P. Her</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving In formation <i>Will Clay</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lymphoid fever</i>	How long	<i>12 days</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. G. Horine</i>	
		Address <i>Brunswick Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~77~~ *Jacob Grabill*
Died at *Montgomery Hospital* *Frederick*
Town County

MARYLAND

Date of death 1903 *Nov* *29* *29*
Month Day Years

Sex *Male* Color or Race *White* Birth-place

Married, Single or Widowed *Widower* Occupation *Farmer*

Name of Wife or Husband *+*

Father's Name *+* 109 Father's Birthplace

Mother's Maiden Name *+* Mother's Birthplace

Name of person giving information *+* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hemorrhage from bowels* How long *24 hours*

Immediate *Exhaustion* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *S. S. Maynard*

Address *17 Second St. W. Frederick Md*

Accident or Suicide? *+*

Burial at Halkerville
" Nov 28
A F Rice & Sons

Name
in
Full

CERTIFICATE OF DEATH

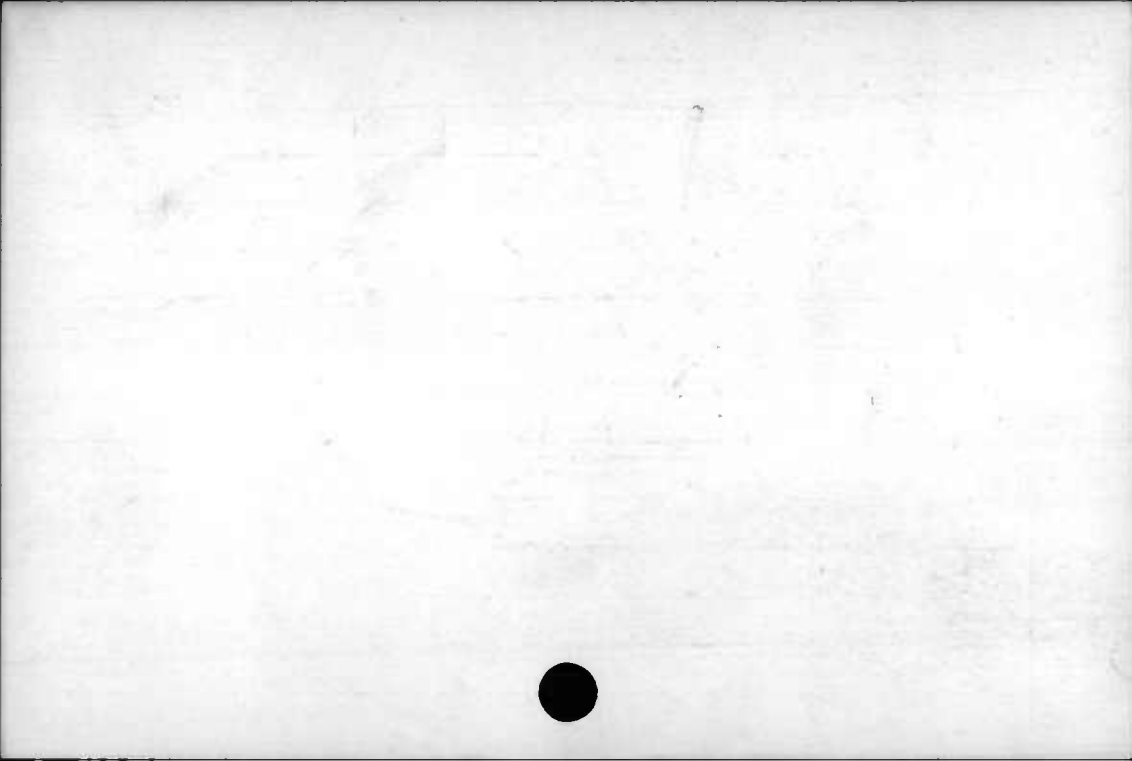
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walker</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>63</i> ^{Month} <i>11</i> ^{Day} <i>28</i>	Age <i>50</i> ^{Years}		Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>County</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer (Farmer)</i>			
Name of Wife or Husband					
Father's Name <i>Samuel Gay</i>		<i>63</i>		Father's Birthplace <i>Co</i>	
Mother's Maiden Name <i>Mrs. Corrie</i>				Mother's Birthplace <i>Co</i>	
Name of person giving information <i>Dr. C. J. Goldsborough</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Suicide (Suicide)</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. W. Goldsborough</i>
		Address <i>Walker</i>
Accident <input checked="" type="checkbox"/> Suicide?		<i>W.D.</i>



Name
in
Full

Sarah E Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurmont</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>30</i>	Age <i>63</i> Years	Months <i>3</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penna</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>W A Hahn</i>					
Father's Name <i>Eiker</i>			Father's Birthplace <i>27</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace		
Name of person giving information <i>Howard Hahn</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Incipient-Tuberculosis</i>	How long <i>5 years.</i>
Immediate <i>Anemia -</i>	How long <i>2 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A Brilly</i>
	Address <i>Thurmont</i>
Accident or Suicide? <i>—</i>	<i>W.A.</i>

2176 04

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>20</i>	Age <i>76</i>	Years <i>-</i>	Months <i>5</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>			
Married, Single or Widowed		Occupation <i>Lumber Dealer</i>					
Name of Wife or Husband <i>Sarah J McCully</i>							
Father's Name <i>John Hardt</i>				Father's Birthplace <i>Philadelphia Pa</i>			
Mother's Maiden Name <i>Catharine Engelbrecht</i>				Mother's Birthplace <i>Frederick</i>			
Name of person giving information <i>C. C. Loach</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Urinary Atrophy -</i>	How long <i>4 Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. McCarroll</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Wm</i>



Name
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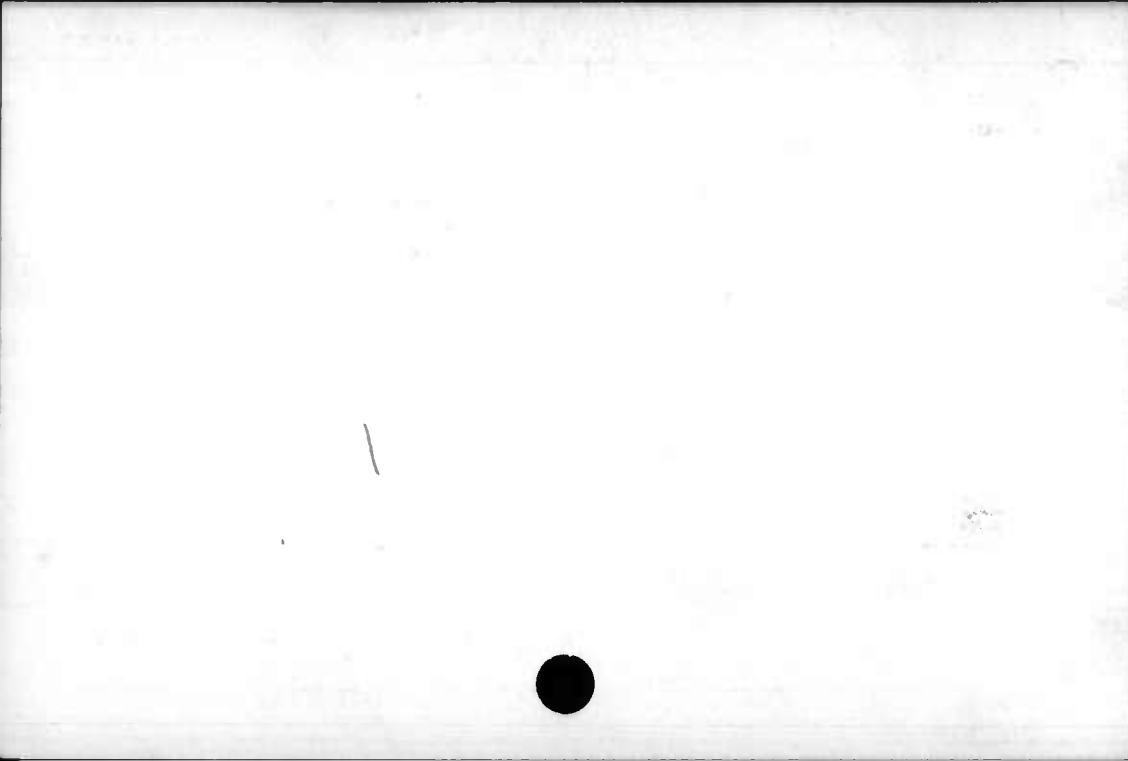
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pearl</i> Town		<i>Irish</i> County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>22</i>	Age	Years	Months <i>1</i> Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Pearl</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Wm Harris</i>			Father's Birthplace		
Mother's Maiden Name <i>Lebbie Hansen</i>			Mother's Birthplace <i>151</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes-</i>	Signature of Physician <i>Lo McCreedy</i>
	Address <i>Frederick</i>
Accident or Suicide?	



Name
in
Full

Silghuan J. Hersperger

CERTIFICATE OF DEATH

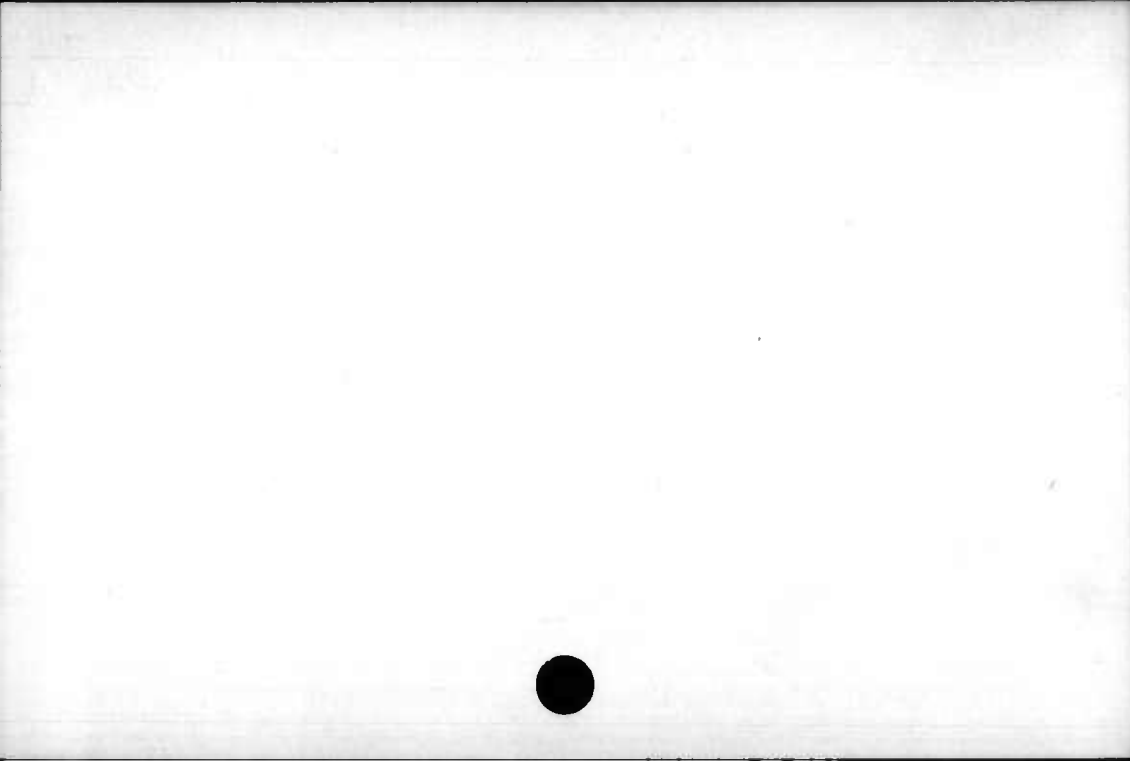
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Piedmont City</i>		^{County} <i>Piedmont</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>22</i>	Age <i>79</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Piedmont</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired</i>			
Name of Wife or Husband <i>Mrs. Helen Scholl Hersperger</i>					
Father's Name <i>Henry Hersperger</i>			Father's Birthplace <i>Geo</i>		
Mother's Maiden Name <i>Wife</i>			Mother's Birthplace <i>10</i>		
Name of person giving information <i>Wife</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long
Immediate <i>Adynamia</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Smith</i>
	Address <i>City</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Mrs. Frances A. Hoke

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	November	5 th	68	1	17	Md	Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 8

Husband of Peter Hoke

Wife
 Father's Name Joseph Rowe Mother's Maiden Name Susanna Baker

Cause of	Primary	How long sick ,	15 minutes
Death	Immediate Paralysis of Lung	Accident, Suicide, Homicide	

Reported by M. Eichelberger M.D.
 Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

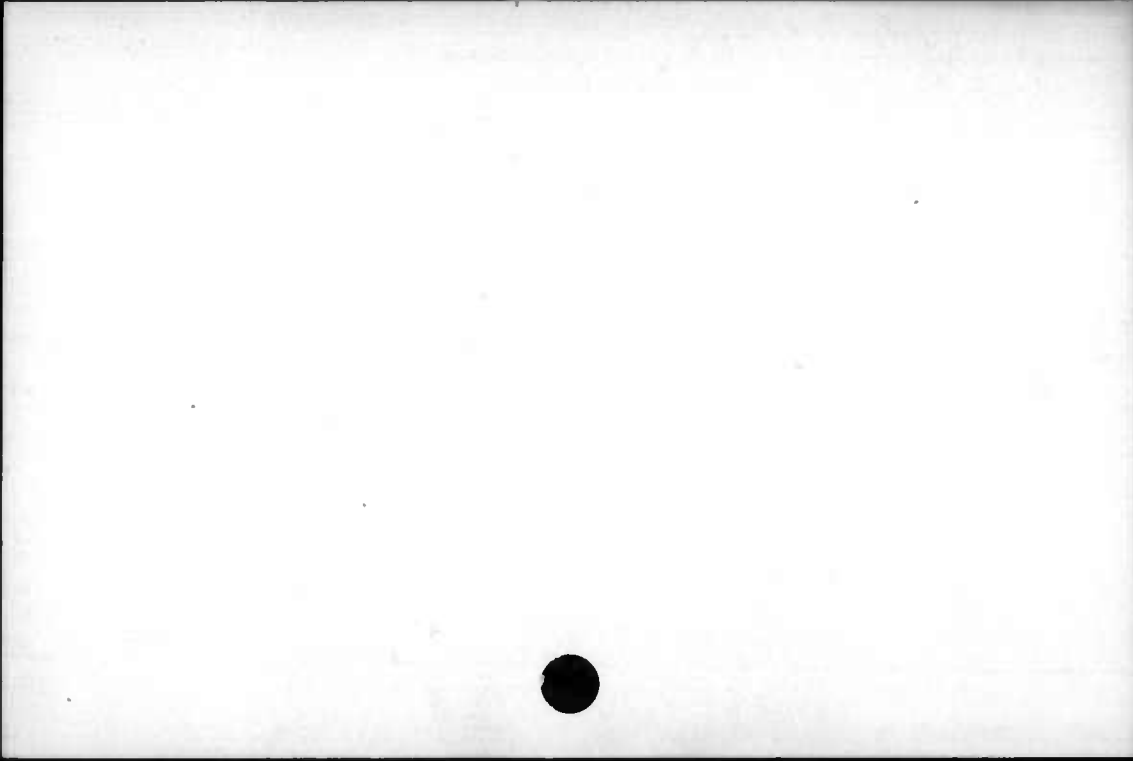
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> Town <u>Steff</u> County <u>Maryland</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov.</u>	Day <u>9th</u>	Age <u>28</u> Years Months Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Fittestown Pa.</u>	
Married, Single or Widowed <u>Married</u>	Occupation <u>State Officer</u>		
Name of Wife or Husband <u>Husband</u>			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Alcoholism</u>	How long <u>3 weeks</u>
Immediate <u>Stramonium & Opium to the Bowels</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. S. Macdonald</u>
	Address <u>17 Second St W.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Name
 in
 Full
 Luther Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
 NEAREST FRIEND

Died at <i>Fredrick</i> ^{Town}		County <i>"</i>		MARYLAND	
Date of death	1903	Month	11	Day	28
Age	39	Years		Months	1
Sex	Male	Color or Race	Black	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Florence Walker		
Father's Name	Wm H. Jones		Father's Birthplace	Md	
Mother's Maiden Name	Saviea Jones		Mother's Birthplace	Md	
Name of person giving information	Brother		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
 OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>24 hours</i>
Immediate	<i>Meningitis</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. J. Goodlee MD</i>	
		Address	
		<i>Fredrick Md</i>	
Accident or Suicide?			

MAICISYUHQ
CAMCROCO RO

VA CEMWZSINA AB OT
QINIRF TCMCIN

Family

Immediate

Also the name, age, sex, and date
and place correctly given above

Signature of
Physician

Address

CAUSES OF DEATH

How long

How long

Name of person giving
information

Maiden Name
Mother's

Name
Father's

or Widow's
Married Name

Name of
Husband

Where Residing at
place of death

Age
Sex

Date of Death

Time

Name In Full

Certificate of Death

Margaret Kindricks

Died at ^{Town} Yellow Springs ^{County} Frederick MARYLANDDate 1903 20 Nov Month Day Y. M. D. Age 74 Native of Frederick Occupation Farmer
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single ~~Widowed~~ Number of children living NoneHusband - of Basil Kindricks
Wife -
Father's Name don't know Mother's Name
Maiden NameCause of Death { Primary Pneumonia
Immediate Paralysis

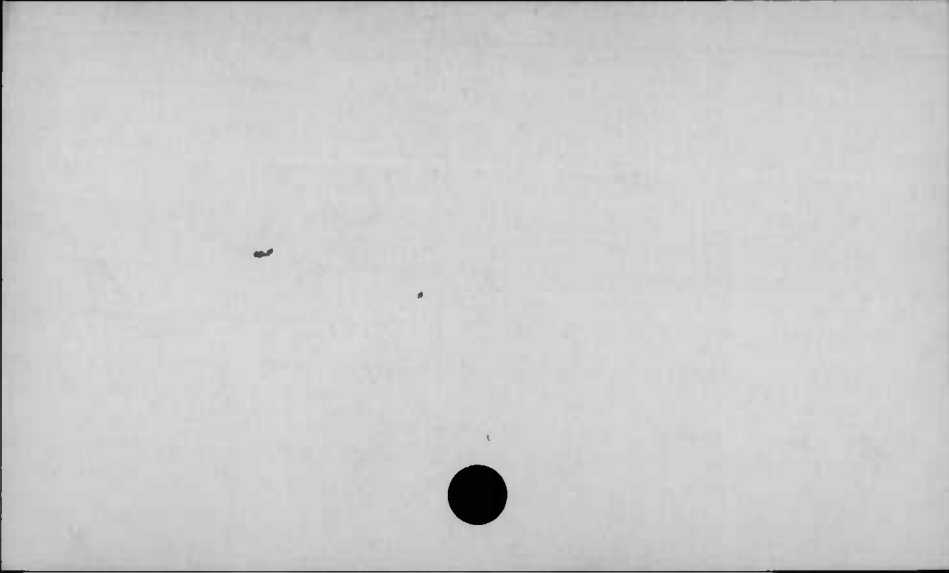
How long sick

Accident, Suicide, Homicide

Reported by R. J. Smith undertaker
Address Charlesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name
in
Full

Mrs Eliza Kolb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bartonsville</i> ^{Town}		<i>Farmers</i> ^{County}		MARYLAND	
Date of death 1903	<i>Nov</i> ^{Month}	<i>8-16</i> ^{Day}	Age <i>80</i> ^{Years}	<i>2</i> ^{Months}	<i>~</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ex. 526 Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House wife</i>				
Name of wife ^{husband} <i>John W. Kolb</i>					
Father's Name <i>Eliza Hitesher</i>			Father's Birthplace		
Mother's Maiden Name <i>64</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate <i>Concussion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Summit St W. Va</i>
Accident or Suicide?	



Name
in
Full

Russel I. Hoogbe

CERTIFICATE OF DEATH

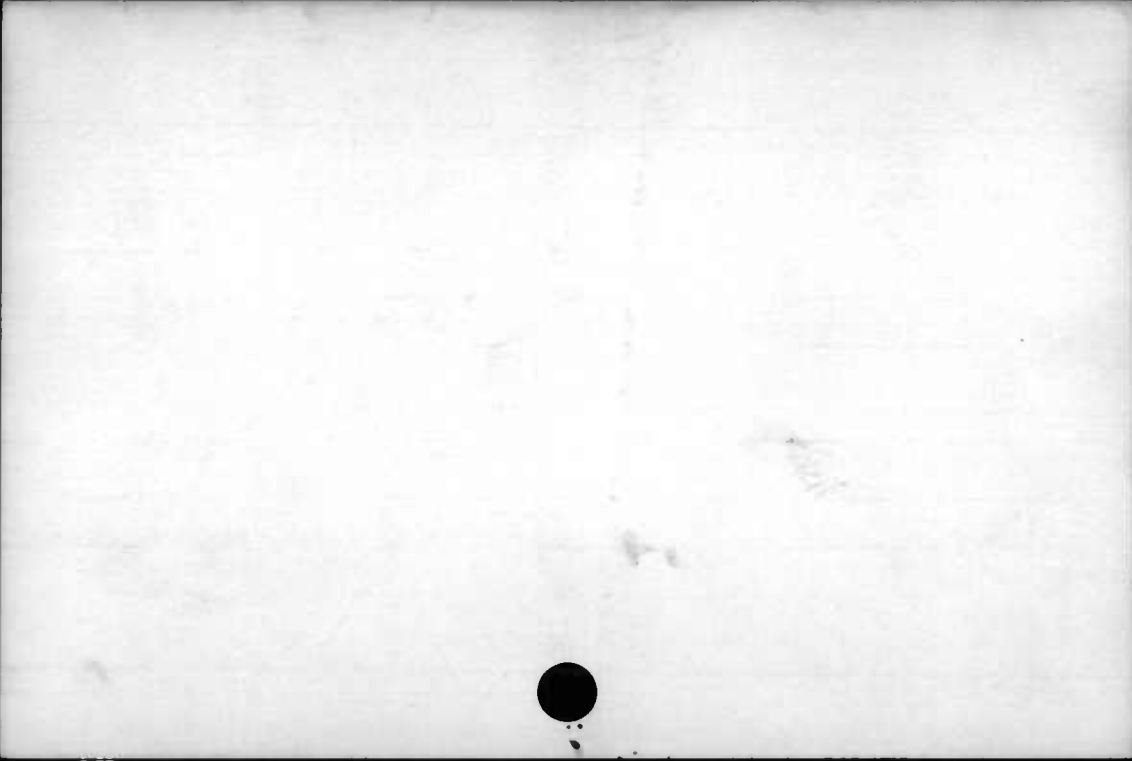
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Middletown</i>		County <i>Frederick</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	<i>3</i>	<i>Nov</i>	<i>14</i>	<i>23</i>	<i>2</i>	<i>15</i>	
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Md</i>
Married, Single or Widowed	<i>Single</i>			Occupation <i>storekeeper</i>			
Name of Wife or Husband							
Father's Name	<i>Charles W Hoogbe</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Melcharlotte Main</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Sister Alice</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteric Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Neuronalgia & Peritrititis</i>	How long	<i>9-5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>H P Fahmy MD</i>	
Address		<i>Frederick Md</i>	
Accident or Suicide?		<i>No</i>	



Name In Full

Certificate of Death

Cephas E. Lakin

Town

County

Died at

Landen

Frederick

MARYLAND

Date 1903

Month

Day

11 29

Age

58.5.18

Native of

Maryland

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

10.

Cause of

Primary

La Grippe

How long sick

Two Weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

D. H. Webster Cross

Address

Jefferson

Fred C. And

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small> <i>Md.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small> <i>Nov.</i> <small>Day</small> <i>28</i> <small>Years</small> <i>8</i> <small>Months</small> <i>7</i> <small>Days</small> <i>16</i>	Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>Millard F. Lease</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Fannie G. Danner</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>M. F. Lease</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>10 Days</i>
Immediate <i>Cardiac Arrhythmia & Convulsions</i>	How long <i>48 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. P. Haffner, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Rosa Lynn

CERTIFICATE OF DEATH

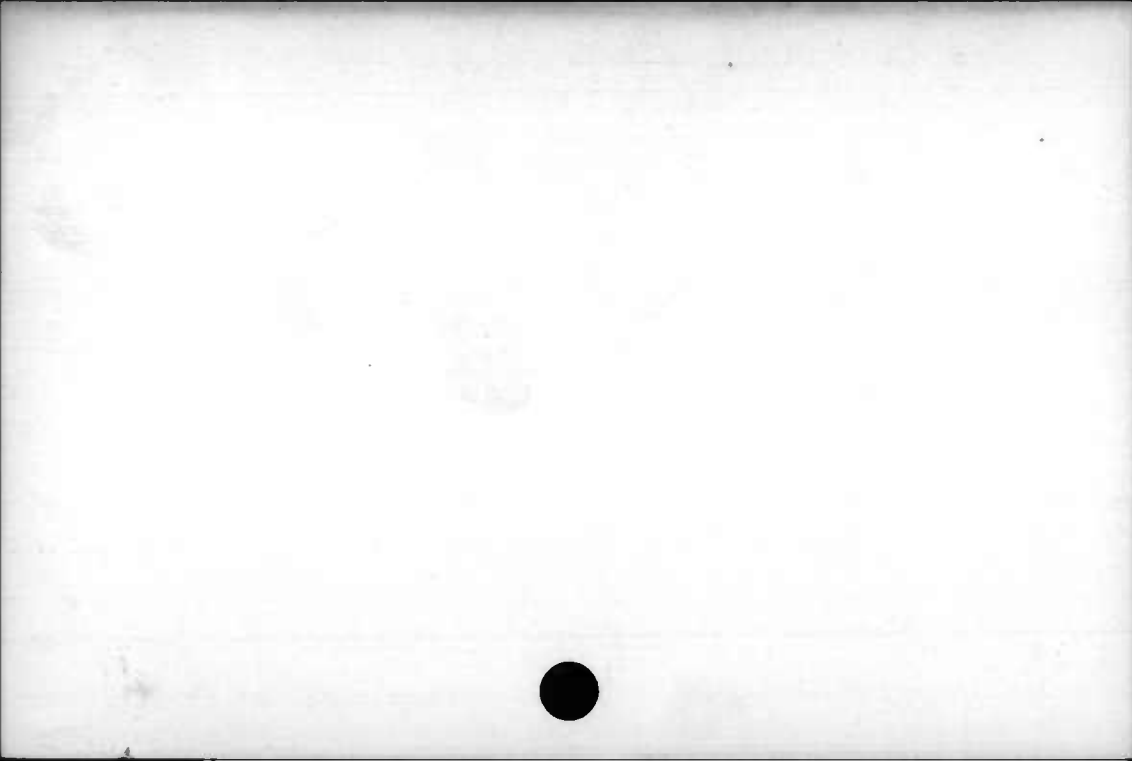
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Lewis H. Main

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fredrick* TownCounty *Frederick*

Date

of death 1903

Month

Nov

Day

29

Age

Years

71

Months

14

Days

1

Sex

*Male*Color or
Race*White*Birth-
place*Fredrick Co Md.*Married, Single
or Widowed*Widower*

Occupation

*Threshing*Name of Wife or
Husband*Eleanora S. Thomas. deceased*Father's
Name*William Main*Father's
BirthplaceMother's
Maiden Name*Susanna Hildebrand*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Disease of Mark Twain's Lung

How long

Several yrs

Immediate

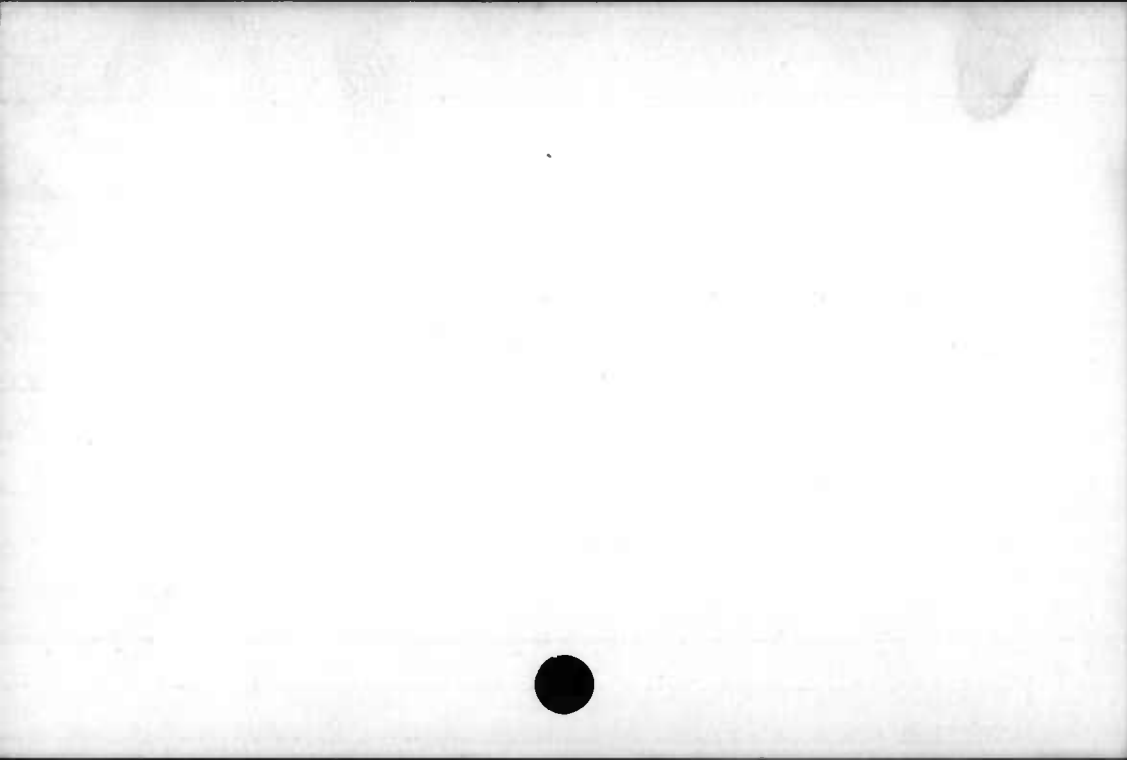
Pulmonary Edema

How long

*2 Mos.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*S. S. Maynard*

Address

~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Marsh

Died at *Fredenside*

Town

County

" "

MARYLAND

Date *1903* Month *11* Day *14* Y. *—* M. *13* D. *—* Native of *MD* Occupation *—*
 Sex *Male* Race *White* Marital Status *Married* ~~Widow~~ ~~Divorced~~ Number of children living *—*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of *X*
Wife

Father's Name *A. Pauli Marsh*

Mother's Name *Mary Walling*

Cause of Death Primary *Pneumonia*

How long sick

Death Immediate *Inunction*

Accident, Suicide, Homicide

Reported by *G. J. Wallace. MD*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name

in
Full

Anna Mary Matthews

CERTIFICATE OF DEATH

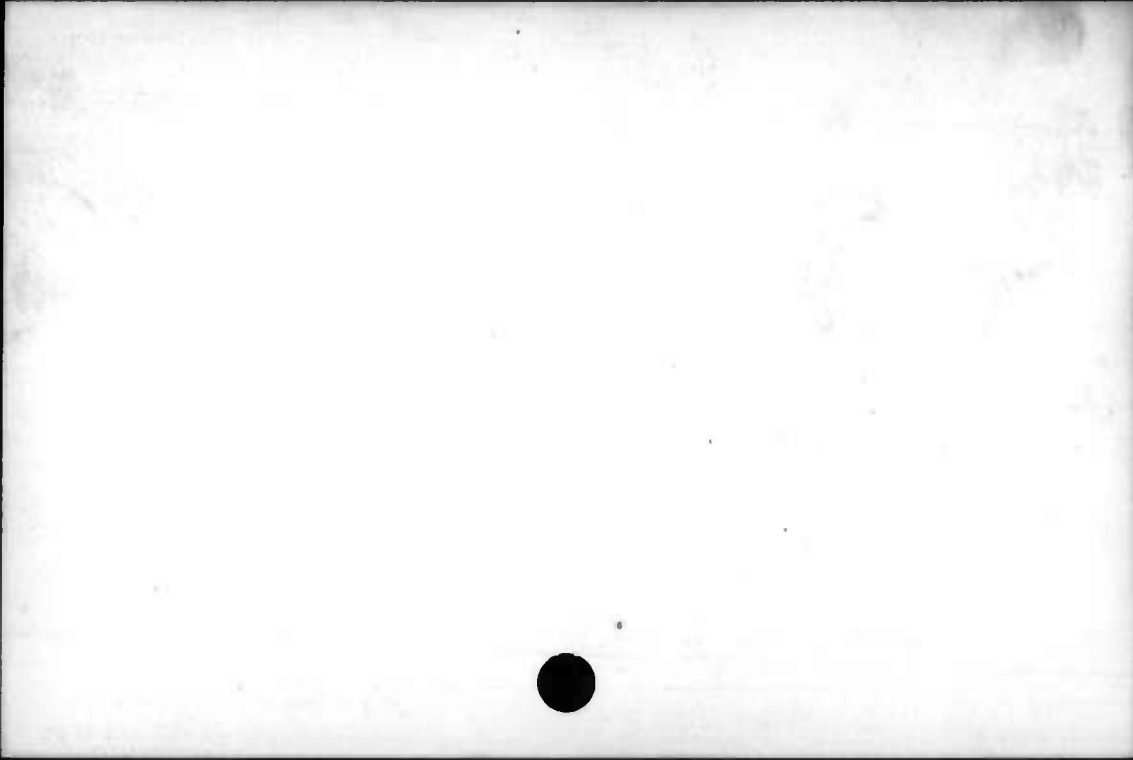
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	Month <i>11</i>	Day <i>27</i>	Age <i>14</i>	Years <i>9</i>	Months <i>4</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Md</i>				
Married, Single or Widowed <i>+ Single</i>		Occupation <i>School girl</i>					
Name of Wife or Husband <i>+ +</i>							
Father's Name <i>Charles Matthews</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Thomas</i>		Mother's Birthplace <i>" "</i>					
Name of person giving in formation <i>Charles Matthews</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Nelson A. Long</i>
	Address <i>37 E Patrick St. Frederick Md</i>
<i>Accident or suicide?</i>	



Name
in
Full

Mary Ann Miller.

CERTIFICATE OF DEATH

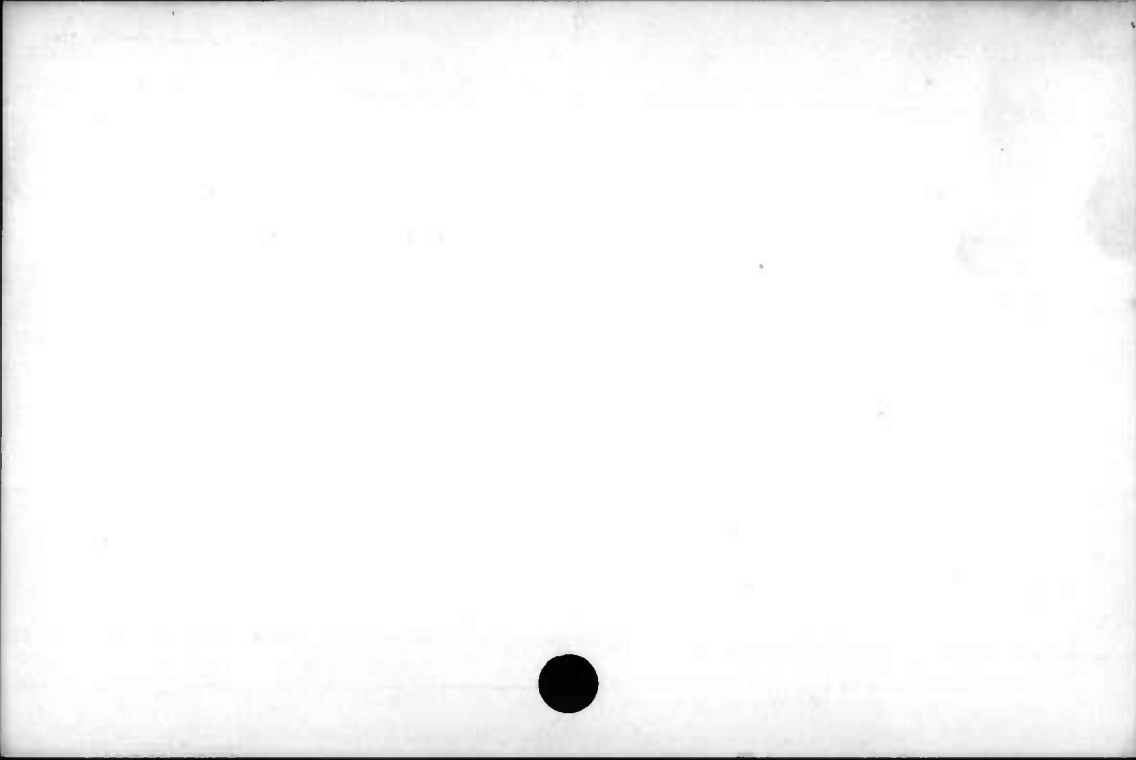
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1903	<i>Nov</i> ^{Month}	<i>23</i> ^{Day}	Age <i>83</i> ^{Years}	<i>11</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Blind</i>		
Name of Wife or Husband <i>George Miller</i>					
Father's Name <i>Peter Brann</i>			Father's Birthplace <i>Md. Co. Md.</i>		
Mother's Maiden Name <i>Margaret Harris</i>			Mother's Birthplace <i>Md. Co. Md.</i>		
Name of person giving information <i>Thos. L. Miller</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>30 yrs.</i>
Immediate <i>Pulmonary Embolism</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Maynard</i>
	Address <i>17 Second St. W. Frederick Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

M. P. Morse.

CERTIFICATE OF DEATH

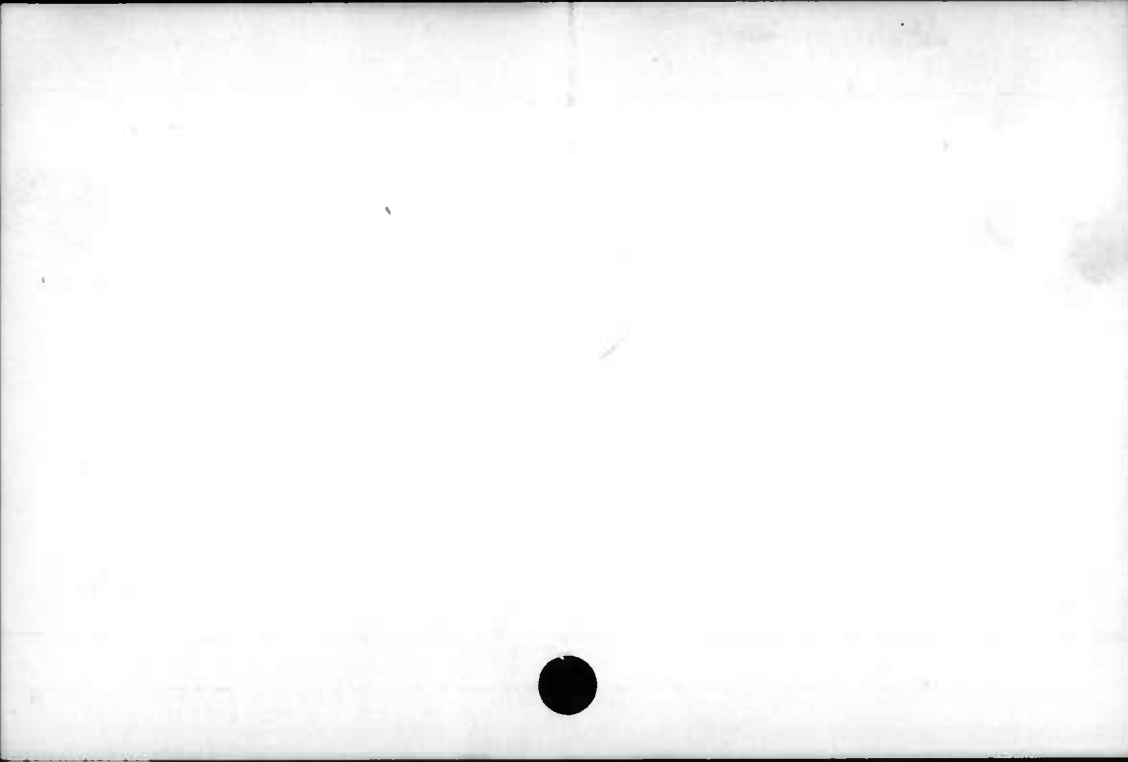
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Frederick</i>		^{County} <i>Do</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>5</i>	Age <i>80</i>	Years <i>0</i>	Months <i>1</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Boston Mass</i>	
Married, Single or Widowed <i>.</i>			Occupation <i>Merchant</i>		
Name of Wife or Husband <i>x</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace <i>112</i>	
Name of person giving information <i>Underbaker</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Smith</i>
	Address <i>City</i>
Accident or Suicide?	



Name
in
Full

Infant of A. Palm

CERTIFICATE OF DEATH

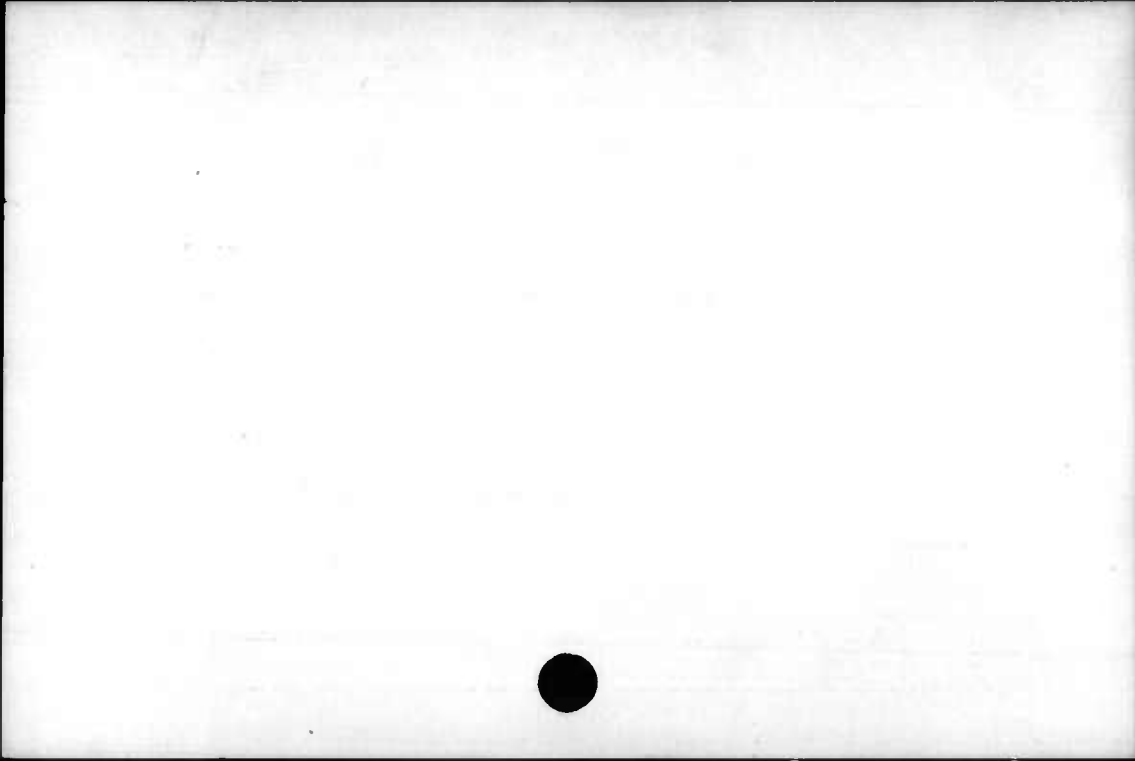
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 190	2	Month 11	Day 20	Age Years	Months	Days	
Sex Male		Color Pink		Birth-place Frederick Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				A. Palm		S.	
Mother's Maiden Name				Mama Brown		Mother's Birthplace	
Name of person giving In formation				A. Palm		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	X
Immediate	X	How long	X
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Long MD	
Address		37. E. Baltimore	
Accident or Suicide		No	



Name in Full

Certificate of Death

Died at

Date 1903

~~Male~~

Female

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

MARYLAND

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Wm J. Sears
Town Della County Presk

MARYLAND

Died at

Date 1903

Month Day Y. M. D.
10 21 87. 8 12

Age 87. 8 12

Male

White

Married

Widow

Divorced

Widower

Number of children living 2

Female
Colored
Single

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Rochel A Sears
Mother's

Wm Thos Sears
Maiden Name

Primary
Pangalasis

Immediate

How long sick
5 months

Accident, Suicide, Homicide

Jos W Plets Undertaker

Durham RFD Route # 22



Name
in
Full

Franklin Buchanan Smith Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fredrick</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>15</i>	Years <i>22</i>	Months <i>2</i>	Days <i>18</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Franklin Buchanan Smith</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Charlotte Patterson Dennis</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Dr F. B. Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ulcerating Endocarditis</i>	How long <i>two months</i>
Immediate <i>Pulmonary edema</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>McLean W. Thomas</i>
	Address <i>Consulting Physician Fredrick MD</i>
Accident or Suicide? <i>—</i>	



William H. Staup

Town

County

Died at

Greensboro

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11-20

Age 56-2-13

Md

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

✓

Husband of

~~Wife~~

Father's

Name

Cause of

Death

Susan S. Staup

Mother's

John W. Staup

Maiden Name

Eve Bishop

Primary

Immediate

Chronic Bright's { Complicated with
Urteral insufficiency
Causing a general Anæmia
General Asthenia

How long sick

About 3 years.

Accident, Suicide, Homicide

Reported by

Address

C. A. Stultz M.D.
Wendoboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Philip W. Summers

Town

County

Died at near Braddock Frederick MARYLAND

Date 1903 Nov. 27 Age 53-9-27 Native of Frederick, Md. Occupation Farmer

Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 9

Husband of Margaret Zimmermann

Father's Name Henry Summers Mother's Name 12

Cause of Primary Chronic Nephritis How long sick 7 or 8 months

Death Immediate Uremic Convulsions Accident, Suicide, Homicide

Reported by

J. O. Hendrix, M.D.,
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by clergyman, undertaker or minister.

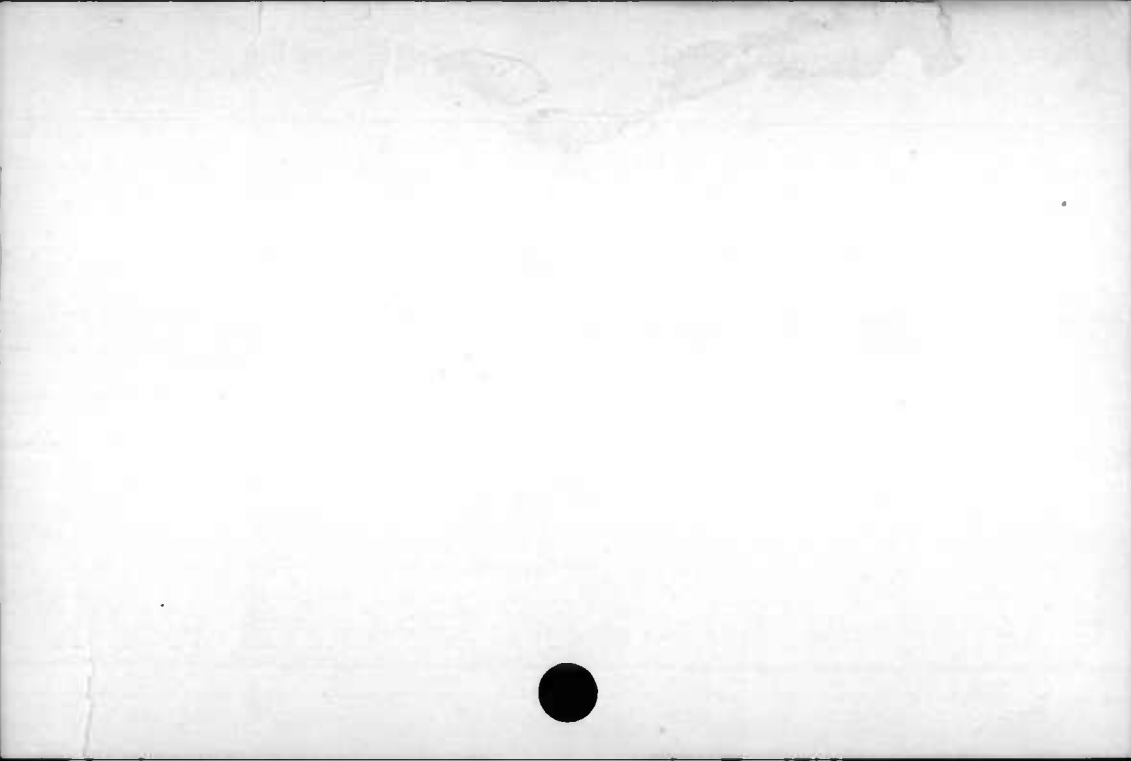
LIBRARY BUREAU, 79854

Interment at Middletown

" Nov 29th

A T Rice & Sons

Name in Full		Harriet Henrietta Wadd				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rocky Ridge		Frederick		MARYLAND	
	Date of death 190		3	Month	23	Day	4	Months
	Age		71		Years		0	Days
	Sex		Female		Color or Race		White	Birth-place
	Married, Single or Widowed		Married		Occupation		Housewife	Don't know
	Name of Wife or Husband		Solomon S. Springer					
	Father's Name		Don't know				Father's Birthplace	Not known
	Mother's Maiden Name		Don't know				Mother's Birthplace	Not known
Name of person giving information		S. S. Springer				How related to deceased		Husband
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Cancer				How long	6 years
	Immediate		Exhaustion from Cancer				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. H. Liller	
	Neither		Address		Double Pipe Creek Maryland			
	Accident or Suicide?							



Name
in
Full

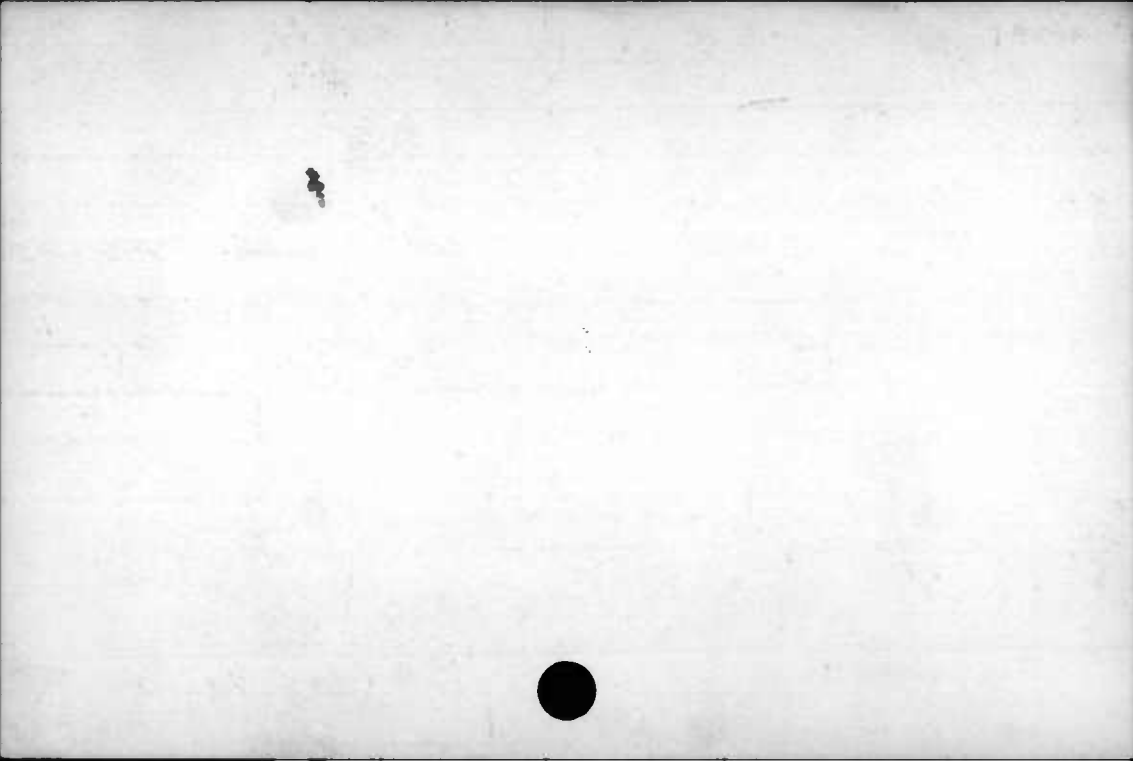
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Franklin Hantz</i>		Town <i>Rosely Bridge</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Rosely Bridge</i>		Month <i>3</i>		Day <i>1</i>		Age <i>69</i>	
Date of death 190 <i>3</i>		Month <i>Nov</i>		Day <i>1</i>		Age <i>69</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Emmitsburg, Md.</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Carpenter - (Retired)</i>					
Name of Wife or Husband <i>Wife deceased</i>							
Father's Name <i>Wife deceased</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Hettie Gelwicks</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>James F. Hantz</i>				How related to deceased <i>Son</i>			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>Instantly</i>	
Immediate <i>Apoplexy</i>		How long <i>Instantly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. H. Diller</i>	
Double life <i>Neither</i>		Address <i>Dreese, Maryland</i>	
Accident or Suicide? <i>Neither</i>			



Name
in
Full

Frank J. Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middletown		^{County} Frederick		MARYLAND								
Date of death 190		3	Month	23	Day	Age	12	Years	8	Months	19	Days
Sex		Male		Color or Race		white		Birth-place		Middletown		
Married, Single or Widowed		single		Occupation		school boy						
Name of Wife or Husband												
Father's Name		Charles A. Weaver		Father's Birthplace		Ind						
Mother's Maiden Name		Sarah E. Ingram		Mother's Birthplace		Ind						
Name of person giving information		C. A. Weaver		How related to deceased		Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suppurative tonsillitis	How long	Five days
Immediate	Heart failure	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. L. Buckley	
Address		Middletown Ind.	
Accident or Suicide?			



Name
in
Full

Angeline Wishgar

31

CERTIFICATE OF DEATH

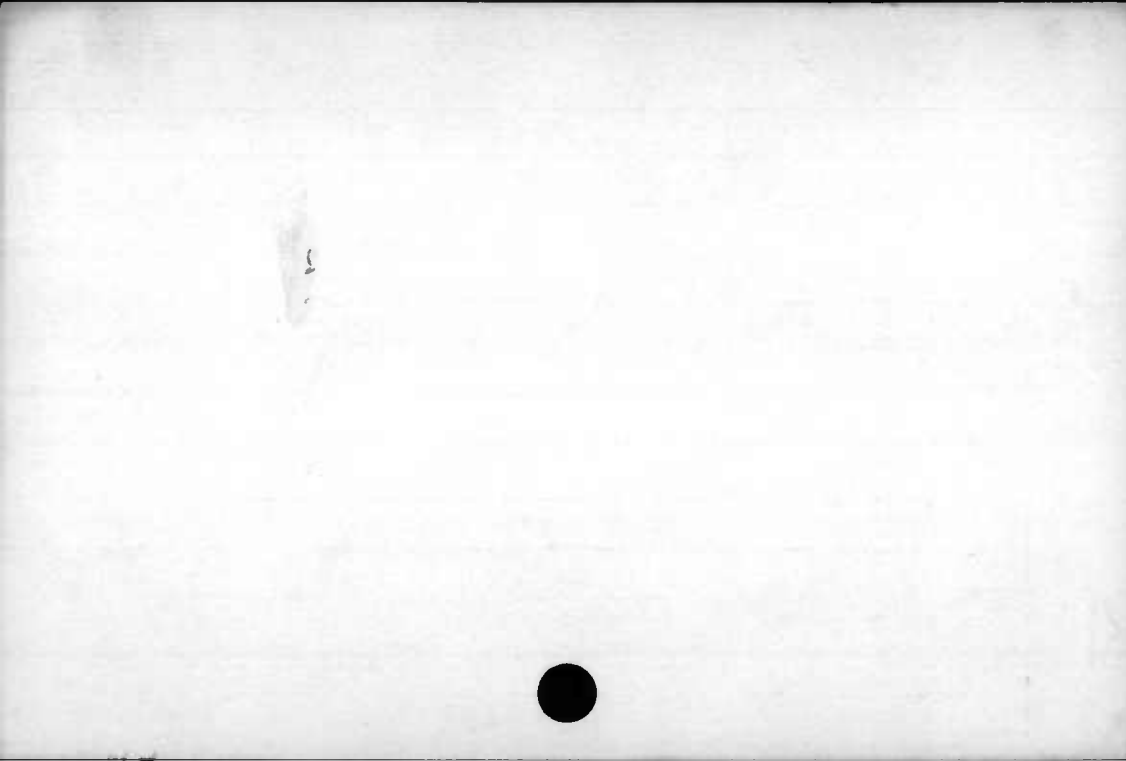
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i> ^{Town}		<i>Fredonia</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>8</i>	Age <i>73</i>	Months	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place			
Married, Single or Widowed <i>married</i>		Occupation <i>Amsewir</i>			
Name of Wife or <i>Joseph Wishgar</i> ^{Husband}					
Father's Name <i>George Reever</i>		Father's Birthplace <i>don't know</i>			
Mother's Maiden Name <i>Elisabeth Reever</i>		Mother's Birthplace <i>?</i>			
Name of person giving information <i>Mary Spurrer</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>8 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard H. Hopkins Jr. M.D.</i>
	Address <i>New Market, Md.</i>
Accident or Suicide? <i>No.</i>	



Name in Full

Certificate of Death

Hannah M White

Died at ^{Town} Liberty Town

County Frank

MARYLAND

Date 1903 Nov 3 Y. 69 M. 1 D. 27 Native of Md Occupation Housewife

Male White Married Widowed Divorced

Female ~~Male~~ ~~Single~~ ~~Widowed~~ Number of children living 5

Wife of Francis White

Father's Name James Fox

Mother's Name Lydia Burtin

Cause of Death { Primary Aortic Insufficiency How long sick 2 mos

Immediate Heart Failure Accident, Suicide, Homicide

Reported by Ohio D. Howe

Address Liberty Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name
in
Full

Bulah Mares Willhite

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thurmont</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov</u>	Day <u>16</u>	Age <u>15</u>	Years <u>2</u>	Months <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth- place <u>Thurmont Md.</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Joseph E Willhite</u>			Father's Birthplace <u>County</u>		
Mother's Maiden Name <u>Mathe Baker</u>			Mother's Birthplace <u>"</u>		
Name of person giving in formation <u>Joseph E Willhite</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>4 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Morris A. Biech</u>
	Address <u>Thurmont</u>
	<u>Md.</u>
Accident or Suicide?	



Name
in
Full

George Willis

32

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i> ^{Town}		<i>Fredmen</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>17</i>	Age <i>3</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>New Market, Md.</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>L. O. Willis</i>			Father's Birthplace <i>New Market, Md.</i>		
Mother's Maiden Name <i>May Newkirk</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>L. O. Willis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>1 week</i>
Immediate <i>Acute Gastritis</i>	How long <i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard H. Hopkins Jr. M.D.</i>
	Address <i>New Market</i>
Accident or Suicide? <i>no.</i>	<i>May Land.</i>

